

Columbus Recreation and Parks
2017 Summer Lunch Program Agency Application

SITE INFORMATION

Are you a returning summer food service site from 2016? Yes ☐ No ☐

Site name:

Site Phone Number (where we can reach you at meal time):

Site address, including city and 9 digit zip ([click to find](#)):

Site Type (see back page for details): Open ☐ Open Restricted ☐ Closed Enrolled ☐

School nearest the lunch site:

STAFF INFORMATION

Name:

Title:

Email:

Phone:

Additional staff that will be trained to supervise meals:

Name:

Name:

Name:

Agency contact if different from site supervisor:

Name:

Title:

Email:

Phone:

PROGRAM INFORMATION

Program Dates for summer 2016 from

To

Days of the week you will be serving: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Please list any dates that you will be closed:

Are there activities for the children to participate in before and/or after mealtime? Yes ☐ No ☐

If yes, please describe:

MEAL and DELIVERY INFORMATION:

What is the earliest the building is open for delivery?

Do you have refrigeration large enough to store all the meals you need? Yes ☐ No ☐

Please fill out the information below based on the *1 or 2 meals* you would like to receive. You must allow a 30 minutes window for delivery, so if the building opens at 7:30 you cannot serve before 8 am.

Meal Type	Begin Time	End Time	Estimated Meals Needed Daily
Breakfast			
Lunch			
Snack			

How many adults will be present during meal time?

Does your agency participate in any Child Nutrition Program (CNP)? Please check:

Child and Adult Care Food Program ☐ National School Lunch Program ☐ Special Milk ☐

Name of staff completing application:

Date: